



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicant: Glenn H. McGall

Serial No.: 09/659,599

Group Art Unit: 1635

Filed: September 11, 2000

Examiner: Janet L. Epps

For: SYNTHESIS OF OLIGONUCLEOTIDE ARRAYS USING
PHOTOCLEAVABLE PROTECTING GROUPS

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Notice
of
Appeal

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>August 13, 2002</u> Date	<u>Diane L. Matson</u> Signature
<u>Diane L. Matson</u> Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
P.O. Box 2327
Arlington, VA 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 13, 2002 of the Primary Examiner finally rejecting claims 1-23 and 30-35. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated March 13, 2002 for 2 month(s) from June 13, 2002 to August 13, 2002.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 2 months		\$ 400
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 320
<input checked="" type="checkbox"/>	Other	Supplemental Information Disclosure Statement	\$ 180
		Amendment Fee	168
		TOTAL	\$ 1068

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1068 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Lisa M. Treannie
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Date: 8/13/02